
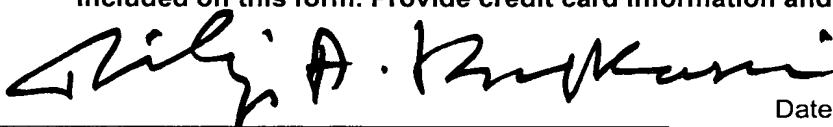

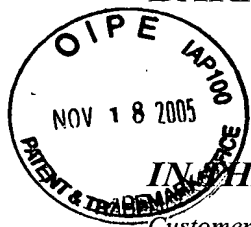


JPW

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 7175-74603	
Applicant(s): David C. Newkirk et al.						
Application No. 10/802,288	Filing Date March 17, 2004	Examiner Ramirez, Ramon O.	Customer No. 23643	Group Art Unit 3632	Confirmation No. 3617	
Inventor: PATIENT LINE MANAGEMENT SYSTEM						
<div style="float:left"></div> <div style="text-align:center">COMMISSIONER FOR PATENTS:</div>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	21 -	23 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 10-0435</div> <div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div> <div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
<div> Signature</div>			Dated: 11-15-05			
<div>Dilip A. Kulkarni BARNES & THORNBURG LLP 11 S. Meridian Street Indianapolis, IN 46204 (317) 231-7419 Attorney Reg. No. 27,510</div>			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 11/15/05 (Date)  Signature of Person Mailing Correspondence Karla I. Mays Typed or Printed Name of Person Mailing Correspondence</div>			
CC:						

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer No.: 23643
Art Unit: 3632
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Invention: PATIENT LINE MANAGEMENT
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Attorney
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Certificate Under 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on

(Signature)

(Printed Name)

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated August 26, 2005, please amend the subject application as provided below, and consider the following remarks.

Listing of Claims begins on page 2 of this paper.

Remarks begin on page 4 of this paper.